PRINTED: 07/27/2011

EPARTMENT OF HEALTH AND HUM	FORM APPROVED		
ENTERS FOR MEDICARE & MEDIC	AID SERVICES		OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY

AND PLAN	D PLAN OF CORRECTION IDENTIFICATION NUMBER:  155402  A. BUILDING B. WING		00	COMPLETED 07/14/2011			
NAME OF	DD OT HDED OD CLIDDI H				ADDRESS, CITY, STATE, ZIP CODE		
NAME OF	PROVIDER OR SUPPLII	ER		3401 S	OLDIERS HOME ROAD		
HERITA	GE HEALTHCARE			WEST	LAFAYETTE, IN47906		
(X4) ID		STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTIO		
PREFIX	1	ENCY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE PRIATE	COMPLETION
TAG	REGULATORY C	OR LSC IDENTIFYING INFORMATION)	-	TAG	DEFICIENCY)		DATE
F0000							
	This visit was f	for the investigation of	FO	0000			1
	1	ber IN00092997.		, , , ,			
	· · · · · · · · · · · · · · · · · · ·						
	Complaint num	ber IN00092997:					
	_	Federal/State deficiencies					
	related to the al	legations are cited at F441					
		-					
	Dates of survey	y: July 8, 11, 12 and 14,					
	2011						
	Facility number	Facility number: 000271					
	Provider number	er: 155402					
	AIM number:	100291260					
	Survey team: Vanda Phelps, RN						
	Survey team.	vanda i neips, iciv					
	Census bed typ	e:					
	SNF/NF	74					
	Total	74					
	Census payor ty	ype:					
	Medicare	14					
	Medicaid	55					
	Other	5					
	Total	74					
	Sample:	3					
	This deficiency	also reflects state findings					
	1	ance with 410 IAC 16.2.					
	Quality review	completed 7/19/11					

 $LABORATORY\ DIRECTOR'S\ OR\ PROVIDER/SUPPLIER\ REPRESENTATIVE'S\ SIGNATURE$ 

TITLE (X6) DATE

Any defiencystatement ending with an asterisk (\*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

PYIY11

Facility ID:

000271

T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MU	X2) MULTIPLE CONSTRUCTION (X3)			) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION		A DITT	DING	00	COMPL	ETED	
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		D. WINC		DDRESS CITY STATE ZIP CODE			
ROVIDER OR SUPPLIER	L						
E HEALTHCARE							
SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
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REGULATORY OR	LSC IDENTIFYING INFORMATION)	ļ	TAG	DEFICIENCY)		DATE	
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	ROVIDER OR SUPPLIER SUMMARY S (EACH DEFICIEN REGULATORY OR  Cathy Emswiller The facility must e Infection Control F a safe, sanitary ar and to help prever transmission of dis  (a) Infection Contr The facility must e Program under wh (1) Investigates, c infections in the fa (2) Decides what p isolation, should b resident; and (3) Maintains a recorrective actions  (b) Preventing Spi (1) When the Infect determines that a prevent the spread must isolate the re (2) The facility mu communicable dis lesions from direct their food, if direct disease. (3) The facility mu hands after each o which hand washi professional pract (c) Linens Personnel must ha transport linens so infection. 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(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.  (c) Linens  Personnel must handle, store, process and transport linens so as to prevent the spread of	ROVIDER OR SUPPLIER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Cathy Emswiller RN  The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.  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DENTIFICATION NUMBER:   155402     A BUILDING   0   COMPETED   O7/14/2011	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE SURVEY	
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drawer #1 contained: infection control program to		drawer #1 contain	ned:				
A. an unattached cord which appeared to ensure a safe, sanitary, and comfortable environment is		A. an unattached	d cord which appeared to				
belong to something electronic maintained to help prevent the		belong to someth	ning electronic				ne
B. plastic bags of the sort hands-on staff development and transmission of		•	•				
FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: PYIY11 Facility ID: 000271 If continuation sheet Page 3 of 8	FORM CMS 2			DVIVAA	Facility I		'

l ·		(X2) M	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI	LDING	00	COMPL	
		155402	B. WIN	IG		07/14/2	011
NAME OF I	PROVIDER OR SUPPLIEF		•	STREET A	ADDRESS, CITY, STATE, ZIP CODE		
NAME OF	FROVIDER OR SUFFLIER			3401 S0	OLDIERS HOME ROAD		
	GE HEALTHCARE			L	LAFAYETTE, IN47906		
(X4) ID		STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	ΓE	COMPLETION
TAG	+	LSC IDENTIFYING INFORMATION)	-	TAG			DATE
	use for soiled lin	ens			disease and infection. In add Nursing management will mo		
	C. a washcloth				drawer's cleanliness daily wh		
	D. an activity a	pron or blanket with			making rounds. Residents w		
	multiple pockets	which was crumpled and			have had an issue with hoard		
	stuffed into the d	Irawer			have been educated, care pl	ans	
	E. an unopened	feeding tube flush kit			and care guides have been		
	_	tube of dry skin ointment			adjusted as well to ensure a	safe,	
	G. unfolded per	-			sanitary environment will be		
	1	•			maintained. IV. Method to  Monitor The Infection Contro	s.I	
	commingled with				Nurse/designee will review the		
	H. an blade raz	or which was not capped			rooms daily Monday-Friday f		
					the next 90 days to ensure		
	drawer #2 contain	ned:			drawers are well organized,		
	A. two empty to	oothette bags			clean, and do not contain an	y	
	B. a toothette in	n a mesh bagthe			potentially harmful material.	_	
	toothette was un	covered			findings will be logged daily I	Mon.	
	C crumpled ite	ems of personal clothing			<ul> <li>-Friday and submitted to the Executive Director for review</li> </ul>	Tho	
		r r			Housekeeping Supervisor ar		
	drawer #3 contai	nad:			designee will check three roo		
		dages for the feeding			daily Monday-Friday for the i		
		dages for the feeding			90 days to ensure drawers a		
	tube site				well organized, clean, and do		
	B. a splint				contain any potentially harmi	ful	
	C. washcloths s	scattered among the other			material. All findings will be logged daily Mon-Friday and		
	items				submitted to the Executive		
	D. two small st	uffed animals			Director for review.Findings	will	
	E. Avand brand	gauze			be brought to performance		
	F. an unlabeled	spray bottle marked with			improvement for 90 days to		
		ne which contained about			ensure 100% compliance.		
	one ounce of liqu				Findings will be analyzed an		
	one bullet of high	MIN 111 11			trends identified with an action	on	
	2 During at 41.	miantation tour Danidant			plan to resolve any issues noted. V. Completion Date		
		rientation tour, Resident			7/27/11We would like to		
		lying in bed. The			respectfully request paper		
		ing indicated during that			compliance.		
		ent currently had a urinary					
	tract infection. I	Her chest of drawers was					

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<b>∥</b> ′		(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE		
AND PLAN	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUI	LDING	00	COMPL	
		155402	B. WIN			07/14/2	011
NAME OF F	PROVIDER OR SUPPLIER			1	ADDRESS, CITY, STATE, ZIP CODE		
HERITAG	GE HEALTHCARE			1	OLDIERS HOME ROAD _AFAYETTE, IN47906		
			_,		-AIAIEITE, III <del>-</del> 1900		
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES  CY MUST BE PERCEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TΕ	DATE
		3/11 during the 3:30 p.m.					
	observation tour.						
	00001 ( 0001011 00 011 .						
	drawer #1 contai	ned:					
	A. a box of wip	es for incontinence care					
	B. baby oil						
		ng (Kerlix) unrolled,					
		en throughout the					
	contents of the di	_					
	it appeared s	soiled and yellowed, but					
	not necessarily u	_					
	D. a bag of plas	tic spoons					
	E. a box of enve	elopes					
	F. Kleenex pack	kets					
	G. empty packa	ging for gauze dressings					
	H. TED hose						
	I. unmatched s	socks					
	J. Christmas Sa	ntas					
	K. spools of thre	ead in a baggie					
	drawer #2 contai						
	A. a roll of toile						
	B. personal nig						
	C. fake flowers						
	drawer #3 contai						
	A. a portable la	• •					
	B. Christmas ca						
	C. container of	coffee					
	D. phone book						
	2 D .: 4	diamantiama and Double a					
	_	rientation tour, Resident					
		as having a recent					
	nistory of a urina	ry tract infection. Her					

		(X2) M	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  A. BU		A. BUI	LDING	00	COMPL		
		155402	B. WIN	IG		07/14/2	011	
NAME OF F	PROVIDER OR SUPPLIER			1	ADDRESS, CITY, STATE, ZIP CODE			
LIEDITAC				1	OLDIERS HOME ROAD			
HERITAG	SE HEALTHCARE			WEST	LAFAYETTE, IN47906			
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	*	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION	
TAG		LSC IDENTIFYING INFORMATION)	1	TAG	DIA TELENCT )		DATE	
		as observed 7/8/11 during						
	the 3:30 p.m. obs							
	drawer #1 contai							
		ally eaten bags of						
	Cheez-Its							
	B. a can of cool	Kies						
	C. a Bible							
	D. soiled pantie	es .						
	drawer #2 contai	ned:						
	A. wipes							
	B. a stuffed bear							
	C. incontinence	pads						
	drawer #3 contai							
	A. a box of yell	owed 4 X 4 dressings						
		est of drawers was also						
	observed.							
	drawer #1 contai							
	A. tube of perin							
		were loose in the drawer,						
	i.e. not paired							
	drawer #2 contai							
	A. unfolded per	•						
		with blank checks						
	C. an uncapped							
	D. received mai							
	E. Loreal tangle							
	F. a spiral noteb	oook						
	drawer #3 contai	ned:						
	A. a pen							

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155402		(X2) MU A. BUII B. WIN	LDING	NSTRUCTION  00	(X3) DATE COMPI 07/14/2	LETED	
	PROVIDER OR SUPPLIER	<b>!</b>		STREET A	DDRESS, CITY, STATE, ZIP CODE DLDIERS HOME ROAD AFAYETTE, IN47906		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	ATE	(X5) COMPLETION DATE
	B. batteries loo C. an emesis ba D. scarves E. playing card	sin					
	unoccupied bed drawer #1 contain	ags of Prevail underwear oduct)					
	drawer #3 contai						
	during this tour t	r of Nursing indicated that she was displeased on of these drawers and inservices immediately to ion.					
	interviewed on 7 indicated being of searched through socks. They indicated as socks we the drawers with up" and thrown is same drawer was and oral care iter same drawer.	mber for resident P was 1/8/11 at 8 a.m. They disgusted when they a dresser drawer for dicated clothing items ere loose (not in pairs) in other clothing "balled in the drawer. In the san unclean razor, swabs ms stored loose in the					
	7. The Director	of Nursing and					

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

l	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155402	(X2) MULTIPLE CC  A. BUILDING  B. WING	00	(X3) DATE COMP. 07/14/2	LETED
	PROVIDER OR SUPPLIER		3401 S	ADDRESS, CITY, STATE, ZIP CODE OLDIERS HOME ROAD LAFAYETTE, IN47906	•	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	) BE	(X5) COMPLETION DATE
	concern on 7/8/1 observation tour. 7/12/11, CNA # #4 at 1 p.m. indit the big deal about was it anyway, a never before been in order. CNA a bacon sandwice morning."	3 at 10:51 p.m. and CNA vidually asked what was at the drawers, who's job and commented they had an told to keep the drawers #4 commented, "I found h in a drawer this				